Resources

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Methodology of Developing a Cost-Sharing Funding Formula for a Statewide Immunization Registry

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Key Words: Registry Funding. HMOs. Multiple Data Sources

Target Audience: Registry managers, marketing personnel, managed care organizations, and data/financial analysts

Background: Lack of sustainable funding sources is one of the major challenges to many registries. Utah Statewide Immunization Information System (USIIS) Oversight Committee, with the four largest HMOs in Utah, developed a methodology to apply the Per Child Per Year Cost (PCPYC) formula to raising funds from HMOs.

Objectives: Describes the methodology and rationale of PCPYC HMO share formula and explains its implementation.

Methods: Multiple data sources and approaches were integrated into the formula development. A summary of the AKC Project Briefs showed that 67% of all registries have 2 or more funding sources. The recent CDC registry cost study guided USIIS to project its PCPYC values for 5 years. The NIS Survey was used to describe the state's public-private market share. An objective baseline for the estimates of the top HMOs' market/population shares was derived from the Utah hospital newborn insurance coverage data was used to derive Based on the information from various sources, three funding alternatives were proposed:

a) Health plans' contributions in 1999 became HMOs' benchmark of historical participation;

b) The market share approach used the percentage distribution of immunization services delivered by type of providers; and

c) The population share method was built upon the percentage of children under six covered by a health plan.

A HMO's financial share is the product of the PCPYC and the estimated plan's coverage of kids under six in a year. A health plan can choose any of the alternatives to sponsor USIIS.

Result: Participating HMOs accepted the proposal and committed a 3-year sponsorship to USIIS.

Conclusion: Using population-based data and national studies can establish objective baselines and mutually acceptable funding responsibility for a community-based registry.

Sustaining Immunization Registries through Innovative Funding Strategies

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Key Words: Immunization Registry. Funding.

Background: Oregon's Immunization ALERT is a statewide registry linking data from public and private providers. ALERT's operational budget is shared by the Oregon Health System in Collaboration (OHSIC), a private non-profit representing six of the largest health systems/insurers in Oregon, Oregon Medicaid (OMAP), and a growing list of other private funding sources and health plans. ALERT is one of the most developed immunization registries with data from 94% of country health departments, 85% of private providers, three of Oregon's largest health plans, electronic birth records, and school districts. Approximately 95% of children from birth through age five have immunization records in ALERT.

Objectives: To describe the importance of private funding for Oregon's immunization registry efforts. To describe OMAP's contribution to ALERT, and the interagency agreement that results in matching funds.

Methods: OHSIC Health Plans cover approximately 50% of the people in Oregon, and they represent 7 of 10 tertiary care hospitals. Managed care organizations have high penetration in Oregon. OHSIC contributed for start-up and annual contributions to support ALERT. Ongoing funding to sustain ALERT will be shared proportionately by OHSIC members, other Oregon health plans, and new private industry sources. ALERT also receives 33% of its yearly operational budget from OMAP. OMAP and the Immunization Program also have an agreement where OMAP will match dollar for dollar any non-federal, non-pharmaceutical funding procured by the Immunization Program. This effectively doubles all private funds that ALERT receives.

Results: Collaboration works when the partners can achieve community goals that single member organizations cannot accomplish.

Conclusions: Through OHSIC's ongoing support and leadership, Oregon Immunization ALERT is able to leverage new funding sources and share the costs among a broader range of players who benefit from the registry. OMAP has also been instrumental in securing funds and maintaining managed care support for ALERT.

Learning Objective: Understand new strategies and methods to fund and sustain immunization registries.

Using Imaging Technology to Improve Data Collection in Large Urban Areas

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Target Audience: Immunization Program Managers, Local and State Registry Personnel

Objective: To demonstrate the cost effectiveness of electronic data entry and centralized data quality control in a large urban area.

Background: San Antonio has used centralized data entry since 1979 to maintain the San Antonio Immunization Registry (SAIRS). By 1998 this division had grown to encompass 12 staff and was a considerable drain on program resources. With the Federal budget cuts for the 1999 fiscal year it became impossible to retain such a staff load. SAIRS was faced with a situation where the division had to maintain an increasing workload with only 1/4 of the personnel from the previous year.

Methods: San Antonio changed their data entry system to utilize updated scanning/imaging technology to take the place of manual data entry. During 1999 a system was designed and implemented that allowed the remaining four data staff to not only handle the workload which previously required 12 staff, but it also has allowed the remaining staff to devote the majority of their time to quality control rather than initial data entry.

Results: SAIRS is capturing immunization records from over 500 public and private providers serving a population of more than 1.3 million people more efficiently and at a greatly reduced cost than previously thought possible.

Conclusions: The technology used by SAIRS has allowed the division to absorb recent budget and staffing cuts without decreasing the services provided.

Learning Objectives:

- Understand how modern technology can be used to assist programs facing budget reductions.
- Evaluate how similar changes could benefit other programs.
- Understand that centralized data quality control can be maintained on a large scale with a small staff.